

BENEFICIARY SERVICES SECTION
DIVISION OF PENSIONS AND BENEFITS
PO BOX 295
TRENTON NJ 08625-0295

DESIGNATION OF BENEFICIARY

READ DIRECTIONS CAREFULLY BEFORE COMPLETING FORM.

**THIS FORM WILL REPLACE ALL PRIOR
DESIGNATIONS OF BENEFICIARY.**

This form is to be used by active and retired members of the New Jersey State Retirement Systems listed below to nominate a beneficiary (or beneficiaries) for benefits payable upon the death of the member.

ITEM 1. MUST BE COMPLETED BY ALL MEMBERS

Indicate on the attached form which pension system you are a member of (*one box only*):

PERS	—	Public Employees' Retirement System
TPAF	—	Teachers' Pension and Annuity Fund
PFRS	—	Police and Firemen's Retirement System
SPRS	—	State Police Retirement System
JRS	—	Judicial Retirement System
ABP	—	Alternate Benefit Program
CPFPPF	—	Consolidated Police and Firemen's Pension Fund
(Blank)	—	Office Use Only

ITEM 2. MUST BE COMPLETED BY ALL MEMBERS

Print your full name and your social security number.

Active Members - Enter your membership number (found on your annual Personal Benefits Statement).

Retired Members - Enter your retirement number (found on your pension check stub).

ITEM 3. MUST BE COMPLETED BY ALL MEMBERS, EXCEPT CPFPPF

SEE INSTRUCTIONS ON NEXT PAGE

Naming your primary beneficiary(ies); naming your contingent beneficiary(ies).

ITEM 4. MUST BE COMPLETED BY ACTIVE MEMBERS ONLY, EXCEPT ABP

SEE INSTRUCTIONS ON NEXT PAGE

Naming your primary beneficiary(ies); naming your contingent beneficiary(ies).

ITEM 5. MUST BE COMPLETED BY RETIRED MEMBERS ONLY, EXCEPT ABP

SEE INSTRUCTIONS ON NEXT PAGE

Naming your primary beneficiary(ies); naming your contingent beneficiary(ies).

MUST BE COMPLETED BY ALL MEMBERS

Date, signature and address of member.

The Designation of Beneficiary form and any additional sheets used for beneficiary information **MUST BE NOTARIZED.**

READ DIRECTIONS CAREFULLY BEFORE COMPLETING FORM.

This Designation of Beneficiary form applies to:

Group Life Insurance - active and retired members
(does not apply to retirees with less than ten years of service credit or retirees of CPFPPF).

Return of Accumulated Deductions - Active members only; does not apply to ABP.

Last Check Benefit - Retirees only. Does not apply to ABP.

Maximum or Option 1 Benefit - PERS/TPAF retirees only.

- You may nominate any person, persons, institution, trust, estate, etc., as primary or contingent beneficiary.
- The same beneficiary(ies) may be listed for both group life insurance and return of accumulated deductions or last check benefit ("same as above" is not acceptable; you must repeat the same information for both items).
- If more than one person is named as primary beneficiary, the following shall apply, *"Share and Share Alike, Survivor or Survivors"*. If multiple beneficiaries are named, it is to be understood that the beneficiaries living at your death will share equally in the distribution of the death benefits. The same applies to multiple contingent beneficiaries.
- The Division of Pensions and Benefits cannot require that you provide your beneficiary's social security number. Providing the social security number of your beneficiary, however, may ease the processing of the death claim.
- If additional space is required, an attachment sheet is acceptable provided it is signed by you and notarized.
- When naming a married female as beneficiary, be certain the proper name is given, *e.g.*, Mary J. Jones, not Mrs. John R. Jones. Nicknames are also not acceptable.
- Definite dollar amounts should not be indicated since the amount of group life insurance changes (for active members) with every change in your salary.
- You may change the beneficiary designation for the group life insurance, accumulated pension deductions, or last check benefit at any time.

ACTIVE MEMBERS**ITEM 3: GROUP INSURANCE — ALL FUNDS**

The Group Life insurance may be paid in one lump sum, in monthly installments over a fixed number of years, or as a monthly annuity payable for the life of the beneficiary.

In most instances it is advisable for you to indicate lump sum payment; this permits the beneficiary to elect a manner of payment to suit his/her needs at the time of your death. If you elect other than lump sum payment, the benefit will be paid accordingly.

If no beneficiary designation is in effect at the time of

your death, or this section is incomplete or blank, payment will be made to your estate.

SPRS and JRS ONLY - The designation of beneficiary directs payment of all death benefits described by the statute which are not specifically directed to a widow, widower, child or parent. If an annual pension is payable to a surviving widow, widower, child or parent, such pension would be payable in addition to the insurance coverage.

ITEM 4: RETURN OF ACCUMULATED DEDUCTIONS

Does not apply to ABP.

In SPRS and JRS, accumulated deductions are paid only if you have no spouse, minor children, or dependent parents to whom a pension could be paid.

The Accumulated Deductions must be paid to the designated beneficiary in a LUMP SUM payment. You and the beneficiary DO NOT have the option to elect another form of payment.

RETIRED MEMBERS**ITEM 3: GROUP INSURANCE — ALL FUNDS**

Does not apply to members who retired with less than 10 years of service or retirees of CPFPPF. The Group Life insurance will be paid in one lump sum only.

If no beneficiary designation is in effect at the time of your death, or this section is incomplete or blank, payment will be made to your estate.

ITEM 5: LAST CHECK BENEFIT

Applies to all funds except ABP.

Pension checks sent to you after your death, or any uncashed pension checks, should be returned to the Division of Pensions and Benefits. When the last check is returned, a replacement check will be issued in the name of the beneficiary.

MAXIMUM/OPTION 1 BENEFIT

Under the PERS or TPAF, if you chose maximum allowance the balance of your pension contributions, if any, would be paid to this beneficiary. If you chose Option 1, the balance of the Option 1 reserve, if any, would be paid to this beneficiary.

After the effective retirement date, a beneficiary named under Options 2, 3 & 4 cannot be changed for the survivorship allowance. However, if the named beneficiary under Options 2, 3 & 4 predeceases you, a new beneficiary should be named for the Last Check Benefit and life insurance, if applicable.

Mail completed and notarized form(s) to:

**Beneficiary Services
Division of Pensions and Benefits
PO Box 295
Trenton NJ 08625-0295**

STATE OF NEW JERSEY

DIVISION OF PENSIONS & BENEFITS — DESIGNATION OF BENEFICIARY

1. ☐ PERS ☐ TPAF ☐ PFRS ☐ SPRS ☐ JRS ☐ ABP ☐ CPFPPF ☐ _____

2. (Print Your Full Name) _____ (Social Security No.) _____
 (Membership No.) _____ (Retirement No.) _____

3. **GROUP LIFE INSURANCE (If applicable) (Does not apply to retirees of CPFPPF).**

PRIMARY BENEFICIARY(IES)

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1. _____ ADDRESS _____	_____	_____	_____
2. _____ ADDRESS _____	_____	_____	_____
3. _____ ADDRESS _____	_____	_____	_____

ACTIVE MEMBERS ONLY - METHOD OF PAYMENT (check one): ☐ Lump Sum ☐ Monthly Life Annuity ☐ Monthly Annuity for _____ years

CONTINGENT BENEFICIARY NAME(S) — If Primary Beneficiary is not living at my death, payment is to be made to:

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1. _____ ADDRESS _____	_____	_____	_____
2. _____ ADDRESS _____	_____	_____	_____
3. _____ ADDRESS _____	_____	_____	_____

ACTIVE MEMBERS ONLY - METHOD OF PAYMENT (check one): ☐ Lump Sum ☐ Monthly Life Annuity ☐ Monthly Annuity for _____ years

4. **RETURN OF ACCUMULATED DEDUCTIONS - Lump Sum Payment Only (Does not apply to ABP)**

PRIMARY BENEFICIARY(IES)

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1. _____ ADDRESS _____	_____	_____	_____
2. _____ ADDRESS _____	_____	_____	_____
3. _____ ADDRESS _____	_____	_____	_____

CONTINGENT BENEFICIARY NAME(S) — If Primary Beneficiary is not living at my death, payment is to be made to:

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1. _____ ADDRESS _____	_____	_____	_____
2. _____ ADDRESS _____	_____	_____	_____
3. _____ ADDRESS _____	_____	_____	_____

5. LAST CHECK BENEFIT (Retired members - all funds except ABP) and/or MAXIMUM / OPTION 1 BENEFIT (PERS and TPAF only)**PRIMARY BENEFICIARY(IES)**

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1. _____	_____	_____	_____
ADDRESS _____			
2. _____	_____	_____	_____
ADDRESS _____			

CONTINGENT BENEFICIARY NAME(S) — If Primary Beneficiary is not living at my death, payment is to be made to:

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1. _____	_____	_____	_____
ADDRESS _____			
2. _____	_____	_____	_____
ADDRESS _____			

ALL MEMBERS MUST COMPLETE AND SIGN BEFORE A NOTARY PUBLIC:

I understand that when I have signed this form and it has been received by the Division of Pensions and Benefits, all prior designations of beneficiary are no longer in force.

Date _____

Signature
of Member _____
(YOUR SIGNATURE MUST BE NOTARIZED)

Mailing
Address _____

THIS DESIGNATION FORM AND ANY ADDITIONAL SHEETS THAT YOU MAY HAVE ATTACHED MUST BE NOTARIZED.

State of _____

County of _____

Sworn and Subscribed before me this

_____ day of _____, _____ .

Signature of
Notary Public _____

My Commission
Expires (Mo/Day/Yr) _____|_____|_____

Affix official seal to the right.